



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office:

House

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

☐ Senate

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Edward J. MAZUrek

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address 65 BEECH St.	District 4 7		
65 BEECH St. City, zip.code BOCKland Me OH8	Phone 1-207-594-5647		
		ED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each employer f economic activity of each employer.	rom whom y	you received compensation of \$1,000 c	or more. Specify the principal type of
None	#17095v9tv6C499999999999994546469334##C4463348		8098 8090 698 688 688 688 688 688 688 688 688 688
Name of Employer		Address	Principal Type of Economic Activity of Employer
State of Maine	Au	g usta	State REP.
Fuller Automall	179	Gusta Camdenst Nodani)	DRIVER
			Ent of Out to School and Principle and Advanced and Advan
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business derived income. If associated with a partnership activity or practice of that entity.	or law firm, i , firm, profes	f any, and list the major areas of econorsional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
отельностью становые поличения на применення на примененн		retisien 1 tretisien filmbalde well in deutsche der unseren er oppropriet gegenergen der belat der belat (del bisk der liebe der belat (del bisk der liebe der besche der besch der	от применя в применя на применя
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:	- FOR OF SERMINANT STATE OF SERVICE STATE STATE OF SERVICE STATE STAT		
Address:			
Name:		The second secon	
Address:			
		5	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of eco	aw practice that represents more than 10% of your gross income or promic activity of the entity or person from whom you derived such tablished code of professional ethics, specify only the principal type of derived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address;	
Name:	
Address:	
	DURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	2 of this form. Do not include gifts or honoraria. If none, check the
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: MAINE State Retirement Address: Augusta Name: 3 unit Rental Property Address: 54 Broad St. Rockland Me	PENSION / Teacher
Address: Augustu	
Name: 3 unit Kental Property	RENTS.
Address: 54 BroAd St. Rockland Me	114111.
Name:	
Address:	
PART 4. REPORT	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	ore that you received during the reporting period, and list the major illities, educational loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPO	
List the specific source of gifts received during the reporting period wit	h an aggregate value of more than \$300. If none, check the box.
None Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 6. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches. If none, check the box.							
None	dania kamban salamaka bibabah						
Name of Source of Honoraria			urce of Honoraria				
1.	5531 (1304) Carlos (1404)	3.					
2.		$m{4}$.					
PART 7. REPRESENT	ATION	BEFORE STATE AGENCIES					
List each executive branch agency before which you represe box.	inted or	assisted others for compensation	of any amount. If none, check the				
☐ None			VP-SEE AND SEE AND				
Name of Agency		Name	of Agency				
1.		3 .					
2.	educaremological money and a second	4.					
PART 8, BUSIN	PART 8. BUSINESS WITH STATE AGENCIES						
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of you	ur immediate family sold goods or nember sold the goods or services	services with a value in excess of life. If none, check the box.				
☐ None							
Name of Agency		Name	of Agency				
1.		3.					
2.	NASTA PORRES POLICIO POR PARA POLICIA POLICIA PARA PORRES POLICIA PO	4.					
PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY							
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.							
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income Received	Kind of Income				
Name: MARYELEW MAZUREK	1. 2.	Sules	1. Commission				
Name: MARYEIRW Mazurek Job Title: Real Estate Broker	2. 3.		3.				
Dependent Child(ren) - Job Titles Only	100 T T T T T T T T T T T T T T T T T T						
Job Title:							
Job Title:							
Job Title:		1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					

		PART 10. OFFIC	ER OR DIRECTOR I	POSITIONS		
held any office	ofit or nonprofit corporation, , trusteeship, directorship, o ensated. If a family membe	or position of any na	iture. Indicate whether i	vou or a family held	I the position and wh	diate family ether the posi-
None	erisated. If a family friends	er nsteu, muicate yo	ur relationship and the r	name of the family r	nember.	anisha e Farumiya (m.
	Organization/Business and Address	5	Title	Position Held By:	Family Member's Name	Compen- sated?
FINC			Advis ony Bd	nember		
PENG.	415		Advisory Bd	member		Consumently
me Lu	Athouse Muse	W			Per in Annual An	Collegion .
Knox	uis althouse Muse County Hall of	'Fame	Bl Diructor	member	Approximate and the second of	ment in a springer and a springer an
живенто-теория коспетентурным нев поветностью обобальным выпада				denny arme and mangar-manada en es actual		esakkulukun meterasa senderasaksi dalah dalah dalah mengelengken dera tersaksi
TO SECOND SE	****		7			
			SIGNATURE			
A Legislator w	ho willfully fails to file a r	equired statement	t is subject to a fine of	f up to \$100. (1 N	M.R.S.A. § 1017-A)
The intentiona	I filing of a false stateme	ent is a Class E cri	ime. If the Commissi	on concludes tha	t it appears that a	
willfully filed a	false statement, it shall i	refer its findings of	fact to the Attorney (General. (1 M.R.:	S.A. § 1019)	-
401)	~ 1 1 1M	- (-)		1/1	2	
<u> </u>	vally Mar Signature	gwing.	AMERICAN PROPERTY.	2/2/	/ /	
		ADDITIO	ONAL INFORMATION			
Please provid	e any additional informa	tion below (and or	n additional sheets if i	needed). Indicati	e the part or section	n number for
the information	n you are providing. Use	e additional pages	, if necessary.		,	
Part/Section Number						
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	Profile Annual A					